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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S02523

1. Corporation BERTANI	-THOMAS ENTERPRISES, IN	IC.							
Principal Place of Business Mailing Address						3 10011010 151 00110 15003 B1610 15	OZO IIKI USOVI GI	ion dibil divil d	(IUI) 23 351 (IU I
868 BEECH GROVE RD 868 BEECH GROVE RD						·			
ROGERSVILLE TN 37857 ROGERSVILLE TN 37857						DO NOT WRITE IN THIS SPACE			
US US									
						 Date Incorporated or Qualified 09/25/1990 			
Principal Place of Business 2a. Mailing A		2a. Mailing Address	ddress			4. FEI Number			plied For
21 26			 			59-3027782	-		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	- -1			5. Certifcate of Status Desired		\$8.75 A	
22		City & State							
City & State		City & State			6. Election Campaign Financing	_ ·	\$5.00 Added t		
23	Constant	Zip	Country	.,		Trust Fund Contribution			.u rees
Zip			io			 This corporation owes the cur Personal Property Tax. 	rent year int	angible Yes	₩No
24	9. Name and Address of Current	1	30			10. Name and Address of New	Registered		J4
	3. Name and Address of Cultent	Kegisterea Agent	81	Name	,	110110	3	<u> </u>	
SIMP	SON, KURT ANDREW		_						
3500 S THIRD ST			82 Street Addre		t Addres	ss (P.O. Box Number is Not Accept	able)		
OCEAN SOUTH			83	1					
JACH	(SONVILLE BEACH FL 32250]				,	
			84 Ci				FI	85 Zip (Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s, the abov	e-nameo	d corpor	ration submits this statement for the	purpose of	changing its	registered
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au ons of, Section 607.0505, Flori	thorized by ida Statutes	the con	poration	's board of directors. I hereby acce	pt the appoi	ntment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Age	ent signature	required v	when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO O	FICERS AN	ID DIRECTO	RS IN 12
TITLE	PSD	☐ DELETE		1.1 TITLE				Change	☐ Addition
NAME .	BERTANI, LINDA		1.2 NAME	1.2 NAME					
STREET ADDRESS	868 BEECH GROVE RD		1.3 STREET ADDRESS		3				
CITY-ST-ZIP	ROGERSVILLE TN 37857		1.4 CITY-ST-ZIP						
TITLE	VTD			2.1 TITLE				Change	☐ Addition
NAME	THOMAS, VICTOR		2.2 NAME	2.2 NAME					
STREET ADDRESS	868 BEECH GROVE RD		2.3 STREET ADDRESS		S				
CITY-ST-ZIP	ROGERSVILLE TN 37857		2.4 CITY-ST-ZIP						
TITLE	☐ DELETE		3.1 TITLE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME						
STREET ADDRESS	S		3 3 STREET ADDRESS		3				
CITY-ST-ZIP			34 CITY-ST-ZIP						
TITLE	☐ DELETE		4.1 TITLE					☐ Change	Addition
NAME			4. 2 NAME	4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS	3				
CITY-ST-ZIP			_	4.4 CiTY-ST-ZIP					———
TITLE	☐ DELETE		5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS				T ADDRESS	⁵				
CITY-ST-ZIP				5.4 CITY+ST-ZIP					□ A ∃32. •
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS	S				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

VICTOR R. THOMAS

6.4 CITY-ST-ZIP

SIGNATURE: 2

CITY-ST-ZIP

CR2E034 (11/98)